

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	
1	1						51					
2		1					52					1
3	1						53					
4		1					54					
5	1						55					
6		1					56					
7	1						57					
8		1					58					
9		8					59					
10		8					60					
11		8					61					
12		3					62					
13		4					63					
14		41					64					
15	1						65					
16	1						66					
17	1						67					
18	1						68					
19							69					
20							70					
21							71					
22							72					
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33							83					
34							84					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	8						TOTAL IND.					
TOTAL DEP.	414						TOTAL DEP.					
TOTAL CLAIMS	522						TOTAL CLAIMS					